

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162845  
Health Plan Name: Louisiana Healthcare Connections  
Health Plan Contact:  
Contact Email:  
Report Period Start Date: 11/1/2013  
Report Period End Date: 11/30/2013

**BAYOU HEALTH Reporting**  
Document ID: PI182  
Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT  
Reporting Frequency: Monthly  
Report Due Date: 15th of the month following end of reporting period  
File Type: Excel  
Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	304	
% Upheld	11%	
% Overturned	37%	
% Withdrawn	2%	

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date <sup>1</sup>	# Complaints Pending or Closed >90 Days Post File Date <sup>1</sup>	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date <sup>2</sup>	# Appeals Pending or Closed >90 Days Post File Date <sup>2</sup>
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Oct-2013	Received this Month	212	168	0	0	0	0	1	43			33				
	Total Closed this Month	243	189	1	0	0	0	0	53	33	3	34			0	0
	Withdrawn by Provider	0	0	0	0	0	0	0	0							
	Per Internal Plan Action/Decision	243	189	1	0	0	0	0	53	33	3					
	Per Independent Arbitration															
	Per DHH Review	0	0	0	0	0	0	0	0							
	Other	0	0	0	0	0	0	0	0							
	Total Pending (cumulative as of month end)	136	113		0	0	0	1	22	22	1	17			0	0
	Information needed from Provider	0	0	0	0	0	0	0	0							
	Internal Plan Review	136	113		0	0	0	1	22	22	1					
	Independent Arbitration														0	0
	DHH Review	0	0	0	0	0	0	0	0							
	Other	0	0	0	0	0	0	0	0							
2013 Year to Date (YTD)	Total Complaints Received YTD	2287	1667	10	12	1	9	7	581			321				
	Total Closed YTD	2151	1554	10	12	1	9	6	559	862	213	304			0	0
	Withdrawn by Provider	0	0	0	0	0	0	0	0							
	Per Internal Plan Decision/Correction	2151	1554	10	12	1	9	6	559	862	213					
	Per Independent Arbitration															
	Per DHH Decision	0	0	0	0	0	0	0	0							
	Other	0	0	0	0	0	0	0	0							

<sup>1</sup>You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

<sup>2</sup>You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

This report was based on LA Healthcare Connections’ understanding of the current report specifications provided by DHH.  
The report programming is still under review, thus any changes may result in resubmission of the report.  
This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

	PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed							
	Health Plan Name:	Louisiana Healthcare Connections			Status Category Codes			
	Reporting Period:	11.1-11.30.2013			Pending	Closed		
					P1-Information needed from Provider	C1-Withdrawn by Provider		
					P2-Internal Plan Review	C2-Per Internal Plan Action/Decision		
					P3-Per Independent Arbitration	C3-Per Independent Arbitration		
					P4-Referred to DHH	C4-Per DHH Review		
					P5-Other	C5-Other		
Case #	Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
CAS-824995-N9V9B2	4/23/2013	XXX	Bina Joseph	please review denied claim M077LA002866 dos 1/7/13 the claim denied exl6 but the prvd said she sent the claim with the primary ins eob. (LHC) Shantal 3379819495 1346232212 XXX // CAS 824995 M077LA002866. The claim denied for OIC carrier on file. The EOB from the primary ins. is in AWD when a copy of the imag was pulled. Please reprocess claim with original EOB attached. Thank you.	LHC is upholding original denial for Claim number M077LA002866 as the member currently has primary insurance coverage with United HealthCare and a secondary with Blue Cross Blue Shield. Please bill Primary and Secondary insurance,, then resubmit with both EOBs.	11/19/2013	211	C2
CAS-1101096-V3M1S6	7/12/2013	XXX	Malinda's Patient Care	Patient First Care LLC dba Malinda's Patient Care TIN 4XXX NPI 1275543589 PAR Retro Effective date back to 1/1/13. Provider submitted RHC approval, no action taken to make PAR. SPECIAL NOTE - provider should have been paid encounters beginning 1/1/13. No interest to be paid DOS 1/1/2013 – 7/15/13.	Project 022651 entered on 11/22/13 for Malinda's Patient Care TINXXX due to claims paid at the incorrect RHC encounter rate. There are 220 claims for the dates of service 01/01/13 to 07/15/13. The estimated liability is \$1,845.41 and the provider should see claim payment in 30-60 days.	11/22/2013	134	C2
CAS-1101096-V3M1S6	7/22/2013	XXX	Patients First Care LLC	Please Retro Effective date back to1/1/13.  See Attached approval from VP of Network Development and Contracting.  Can you please process a claims project per the attached spreadsheet for this provider? The reason for the claims project was an audit found incorrect effective dates loaded, provider failed to contact within timely reconsideration period. No interest due.	Please send in all CDI paperwork, allow 30-45 days for credentialing.	11/4/2013	106	C2
CAS-1241108-D1F0Y5	8/31/2013	XXX	Steven Crider	Claims L257LA003310 DOS 9/1/12, 9/4/12, 9/5/12; L342LA003364 DOS 11/8, 11/9. 11/12, 11/13, 11/14, 11/15; L342LA003365. , DOS 11/16, 11/19, 11/20, 11/21, 11/23. Provider states patient did now have state insurance nor LHCC but since we had a a single case agreement should pay the above claims. The estimated liability was \$762.30.	Still Researching Issue		92	P2
CAS-1261715-F0X3T2	9/10/2013	XXX	East Jefferson Family Practice	CLM STATUS HIPAA VERIFIED 11/09/2012 \$175.00 PRV STATES ORG FILED WITH 25 MOD L325LAE01047 DEN FOR MR PRV STATES WITH MR OM 06/27/2013/M155LAE02310 MR WERE SUBMITTED WITH THIS CLAIM PLSE ADVISE IF THE RECORDS HAVE BEEN RECEIVED AND IF SO WHAT IS THE STATUS OF THE MR IF THEY ARE ON FILE	Claim M155LAE02310 and L325LAE01047 were denied for medical records. Please submit copy of EOP with denial and medical records	11/1/2013	53	C2

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CAS-1268804-K3S5D2	9/11/2013	XXX	Homer Memorial Hospital	Provider states that claims were denied for inappropriate modifier. From what i can see provdier states L265LAE06423 paid with a 50 modifier but Claims are M095LAE04898; M119LA005759; M095LAE04896; M095LAE04891 denied without; So should 77057 be billed with 50 modifier?	Still Researching Issue		81	P2
CAS-1279924-R6Z2R6	9/16/2013	XXX	Cypress Point Surgical	CLM STATUS HIPAA VERIFIED 07/17/2013 \$17,887.82 PRV STATES WAS ADV CLM WAS NOT RECEIVED IN PEND STATUS M231LA004829 /M206LAE01738 SHOWS DENIAL FOR HCPCS CODE WHICH REV 370 IS MISSING HCPCS CODE REQUIRED AND THIS SRVC NOT COVERED PLSE REVIEW L6 - L8 ADVISED OF TIMELY FILING	Still Researching Issue		76	P2
CAS-1281933-H0C1V7	9/17/2013	XXX	South Ryan MRI, LLC dba Southwest Louisian	DOS/Claim No.: 11/15/12 /1625.00 L314LAE02737 Notes: Previous case CAS:650240 CAS-895704 Auth #NIA 12304LHC0001 Per Amisys remarks "CAS-650240-Q5D3S1 NO ADJ MADE PUSH BACK AUTH EXCEEDS COUNT PER NIA.TBARNES 012913, RS M231LA003235 NO ADJ MADE LETTER SENT NOT TIMELY. TBARNES 08282013. Provider states auth eff dates were from 11/1/12-12/1/12. Claim #L314LAE02737-RS M022LA016026 AND M038LA003456 REFUND POSTED CK 58252 WRONG PROV, RKD TO 12314LA82737 TO CORRECT PROV TIN RSMERKER 03192013. Provider strongly disagrees w/denial now timely filing as this has been ongoing since 1/25/13. Provider would appreciate a call from the PRR Danielle Delacourt, to discuss further for final resolution of this claim, thank you.	Claim L314LAE02737 was reprocessed for adjudication, please allow 30-45 days fo payment. If you have any further questions please contact Provider Services.	11/4/2013	49	C2
CAS-1282121-V6V7W3	9/17/2013	XXX	Riverside Med Ctr	provider requests additional info regarding the denial for claim M189LA005901 for member XXX (ID: XXX) for dos 7/28/2012. Provider is not understand reason for denial. plz review thx	Claim M189LA005901 DOS 07/29/2012 denied due to ICD9 procedure code 1 is missing or invalid. Please resubmit a correct claim with the appropriate code to support the Diagnosis. A corrected claim can be submitted by writing corrected claim on top of the new claim and attaching the original claim or original EOP.	11/5/2013	50	C2
CAS-1286482-F8S1K0	9/18/2013	XXX	Medical Ctr Of Louisiana	Yolonda called in regarding claim M060LAE03602 for memberXXX (ID: XXX) (DOB: XXX) procedure code 95886 denied (add on code cannot be billed without primary code) but yolonda states that the primary code 95912 paid on 8/21/2013 and they were billed together.	Claim M060LAE03602 denied CPT code 95912 as a non cover code on the La the LA Medicaid Fee Schedule. The New CPT Codes will be effective on 1/1/2013. All Claims that was denied by the New CPT code will be reprocess. If you have any question, Please contact Provider Services.	11/5/2013	49	C2
CAS-1285060-P1T7R7	9/18/2013	XXX	Vital Care Pharmacy Services	Shannon from Kay's Hideaway contacted PR Manager about claim#M193LAE02214 denial. This is a TPN claim, and a PA was obtained from LHC. Documentation attached. The TPN codes are on the Legacy Medicaid pharmacy fee schedule, rather than the DME schedule.	Per our configuration team and Provider Relations Director, CR should be completed by the end of this week, at which time these claims will be reprocessed. Claim numbers for July to be reprocessed are: M193LAE02214, M205LAE04757, M205LAE04780, M208LAE01041, M214LAE03690, and M214LAE03747.	11/7/2013	51	C2
CAS-1296018-V2B8Z1	9/20/2013	XXX	LISA M COLONMD	Provider faxed application backin 9/26/12 but nothing in scan drive - never got worked.  Please retro effective date back to 6/1/13  Once retro is completed, please route completed retro to the contracting queue.	Louisiana Healthcare Connection Contracting Department approved retro participation date effective 6/1/2013 for Arelis Figueroa NPI:1457519878	11/12/2013	54	C2

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CAS-1294934-Q0Q9V5	9/20/2013	XXX	Albert Diket	Lois called due to reject of claims that states that the claim is rejecting for invalid UPN#. Lois stated they no longer use UPN#'s they are using NPI#'s. Lois stated she has contacted her pr rep; however she continues to receive these rejected claim. Provider requesting for provider rep or someone to assit in resolving this issue.	Still Researching Issue		72	P2
CAS-1303138-B9G6W3	9/24/2013	XXX	Woman Hospital	aim#: M142LAE00111 denied consent form is no valid or missing info per remarks 'RSM246LAP01421 CF INVALID, MISSING MEDS PERSON NO. JFIRE 091313' can you please explain in farther detail on denial and claim remarks dos 5/8/2013-5/11/2013	Claim number M142LAE00111 denied due to consent form is no valid or missing information. Please resubmit a corrected claim with all the appropriate fields documented with the Meds Person Number on the claim for Processing. A corrected claim needs to be resubmitted with EOP. A correct claim can be submitted by writing corrected claim on top of the new claim and attaching the original claim or original EOP	11/5/2013	43	C2
CAS-1305370-W1J5L7	9/25/2013	XXX	Heart Clinic of Hammond LLC.	DOS: 09/25/2012 Billed Amt: 1860 Claim L271LAE06977 Jess cldd to verify why there was a recoupment on the clm.....per notes on cas-1147396 Place Of Service For This Procedure Is Invalid Or Not Normally Performed In This Setting (Non Facility). If the provider needs nore info they will need to call HMS directly.....call back info for this will be to Jess REF#29688V3142 PH#: (866) 712-9937 ext 58161.....adv l wld send to ovr to the recovery dept & someone wld respond back in 48hrs	Due to an Overpayment this is a HMS Recoupment in Progress. Please contact HMS. If you have any question, Please contact Provider Service,	11/22/2013	59	C2
CAS-1311551-G0R2M0	9/25/2013	XXX	Sunset Pharmacy	Received via email 9-25-2013  Yesterday I spoke with Debbie (I didn't catch the name of the pharmacy). Her compliant was about generic Depakote Sodium ER 500 being paid \$151.74 below cost. She said generic Adderall ER 30 mg is being paid \$2.12 below cost.  Would you mind having someone reach out to her? Her number is 337-662-5298.	Still Researching Issue		67	P2
CAS-1320213-Y8C2X8	9/30/2013	XXX	LSUHN Billing, LLC - Lafayette	ASKED ABOUT THE IVR/PORTAL PRV ALREADY GAVE EMAIL CLM STATUS HIPAA VERIFIED 02/27/2013 \$81.00 M064LAE02872 DEN FOR MR ADVISED MR WERE SUBMITTED TO THE CLAIM 13098LA82872 DEN FOR MAX ALLOWABLE PER DOS PER AMISYS NOTES: CL0018 CLAIM COPY - Orig claim#: M064LAE02872 New claim#: 13098LA82872 RS M098LA001687 ADJ MADE TO ADD MOD AND REMOVE DX. TBARNES 042313 PLSE ADVISE IF MR WERE RECEIVED AND IF SO PLSE ADVISE A STATUS AND ALSO ADVISED PER THE AMISYS NOTES ABOVE WHAT THAT INFORMTION IS IN REFERENCE TO	Claim M064LAE02872 has been reviewed and the denial is being upheld. You have the opportunity to sumbit a "Request for Reconsideration" or file an appeal.	11/4/2013	36	C2

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CAS-1321497-C9G4C1	9/30/2013	XXX	LSU Health Science Center	08/31/2012--\$1,159.38 NEW CLAIM AMOUNT PRV STATES THE CPT CODES REMAINED BUT THE TOTAL CHARGE AMOUNTS THERE CORRECTED AND SAME NUMBER OF UNITS PRV STATES THEY WANT SOME OF THE MONIES' RECOUPED BUT STILL WANT A PARTIAL PAYMENT LEFT FOR THE REDUCED AMOUNT AMOUNT PAID ON CLAIM WAS \$2390.08 RECOUPMENT NEED TO BE DONE ON THE OVERPAID AMOUNT FOR THIS CLAIM L324LAE13884 PLSE REVIEW AND ADVISE HOW LONG IT WILL TAKE TO PROCESS THE RECOUPMENT AND THEN PROCESS THE OTHER CLAIM FOR THE CORRECT AMOUNT	Claim number L324LAE13884 DOS 8/31/2013 have been resubmitted for adjudication to be completed within the next 30 to 45 days. If you have any question please contact Provider Services Department.	11/5/2013	37	C2
CAS-1320594-B7X4X2	9/30/2013	XXX	Minden Physician Practices LLC RHC CLINIC	See attached Spreadsheet of claims that did not pay after a massive claims project in August. Provdiier has divided into four categories as well as provider name and has given claim numbers, DOS. Please contact Rep, Heather Enright for any questions. Please referenec completed claim project 22495 if you haev any questions. Thanks	Minden Physician Practice: 270151827, upon further research it was determined your claims issue Provider's aff. have been updated allowing claims to now pay correctly. All claims with T1015 will need to be keyed to the FQHC pay class. There are also claims that need to be processed to the pay class LAPHY100 when an encounter code is not billed. A Claims Project # 22495 was submitted on 7/3/2013. The project includes 252 claims for DOS 12/1/2012 to 7/12/2013 for an estimated amount of \$ 18,408.74, to be completed within the next 30-90 days.	11/19/2013	51	C2
CAS-1321928-W1V8F0	10/1/2013	XXX	Baton Rouge General Medical Center	CLM DISPUTE INQUIRY SUB ON 09/03/2013 HIPAA VERIFIED 09/15/2012 09/24/2012 \$52,137.01 L333LAE05243 PLSE ADVISE IF THE CLAIM DISPUTE HAS BEEN RECEIVED AND IF SO WHAT IS THE STATUS ADVISED PRV THIS COULD STILL BE IN PROCESS	Claim L333LAE05243 have beeb re-submitted the claim for adjudication to complete within the next 30 to 45 days. If you have any question, Please contact Provider Service Department	11/1/2013	32	C2
CAS-1322721-G6B4X3	10/1/2013	XXX	Children's Medical Center	The attached vaccine claims were not paid. Please review and advixe if the claims will be reprocessed. WHat is next step for Provider to be paid on these claimsplease see attached note with claim numbers. After review thes claims listed have "CV" denial which may be a configuration error.	All Claims have been re-submitted the claim for adjudication to be completed within the next 30 to 45 days. If you have any questions, Please contact Provider Service Department.	11/20/2013	51	C2

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CAS-1323944-J7H4Z5	10/1/2013	XXX	Christus Schumpert Health System	CLM STATUS HIPAA VERIFIED 05/18/2013/\$3,273.50 NO CLAIM ON FILE ADVISED OF TIMELY FILING/LA00040355701/CLM STATUS/ HIPAA VERIFIED 08/28/2013/09/03/2013 \$27,172.41 ADVISED THE PRV /ADVISED OF TIMELY FILINGPRV IS HAVING ISSUES WITH THEIR FACILITY NAME AND NEEDS SOME ASSISTANCE WITH TRYING TO GET A RESOLUTIION. THE PROBLEM IS THE CHRISTUS FACILITY THEY WERE STATING THAT WAS ON THE CLAIM WAS NOT IN OUR SYSTEM AND THE CLAIM CAME UP UNDER A DIFFERENT PROV LOCATION AND ADVISED WOULD FORWARD A REQUEST FOR A PRR TO ASSIST WITH FURTHER RESEARCH ON THE ISSUE SO THE CAN HAVE THEIR CLAIMS PROCESSED AND PAID PRV HUNG UP BEFORE I COULD GIVE CR #	Still Researching Issue		61	P2
CAS-1327396-D7J4V9	10/2/2013	XXX	Baton Rouge General Medical Center-LA	DOS/Claim No.: 5/3-13/13 M156LAE00458 Notes: Provider rep Brigitte questioning denial of SL's 1 & 2 PC's 76811 EX46, service not covered. According to rep those service lines were to be paid as part of a project per Brandi Vilo LHCC PRR. Kindly review this claim again for payment, thank you.	Still Researching Issue		60	P2
CAS-1331648-S7Y4J6	10/3/2013	XXX	Patients Care Medical Supply Inc	EMAIL ADDRESS ON FILE ALREADY CALLED REGARDING CLAIMS STATUS PROVIDER IS DISPUTING AMOUNT PAID AMOUNT FOR E1390 STATES THAT THE CODE IS ON THE MEDICAID FEE SCHEDULE WHICH CONTRADICTS THE DENIAL STATING No fee on fee schedule, paid default % per state or provider contract PROVIDER STATES THEY ARE EXPECTED 132.42 PLEASE REVIEW AND PROVIDE MORE INFO.	Claim M267LAE05897 was paid according to Contract State Processing Guidelines. If you disagree with Louisiana Healthcare Connection decision, you can submit a appeal.	11/5/2013	34	C2
CAS-1335296-X6G2C5	10/4/2013	XXX	180 Medical, Inc	07/12/2013 \$1,188.00 M205LAE03476 pd \$637.20 prv states the amount looks like a lesser amount then what was pd last month plse advise how this payment was calculated	Claim M205LAE03476 was paid according to Contract State Guidelines. If you disagree with LHC decision, You can submit a reconsideration or appeal	11/5/2013	33	C2
CAS-1334741-G3D2L7	10/4/2013	XXX	West Jefferson Medical Center	04/11/2012 \$1,076.00 non emergency hms did recoup on the claim advised the prv that an auth would have to have been obtained for this patient L111LAE02458	Claim # L128LAE02244 is the ambulance providers claim for dos 4/11/12 with billed charges \$1076.00. The mileage charges have been recouped and denied EX L6 for primary insurance EOB. If you have any questions, Please Contact Provider Services.	11/25/2013	53	C2

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CAS-1338701-Y8H1Q2	10/7/2013	XXX	Metro Preferred Home Care	07/16/2012 07/31/2012 \$350.00 advised prv no claim on file advised of timely filing prv states called in april and was told to rebill and corrected claim and spoke with someone else in august 2, 2013 clm was not in the system again the prv states they have resubmitted the claims several times and have spoken with reps on this and have been advised the claims are still not showing although the mbr is active for LHC. pls give the provider a call so they can get further assistance as to getting the claims submitted and processed and the address of the po box 4040 is where they have submitted these claims to several times pls have brandi vilo the internal prr	Still Researching Issue		55	P2
CAS-1338283-V4C1N6	10/7/2013	XXX	Air Evac EMS Inc dba Air Evac Lifeteam	Name: Sandy NPI/TIN: XXX Provider: Air Evac EMS Inc PH#: 4172571471 Email Address: na Medicaid ID: XXX DOS: 07/4/2012 Billed Amt: 28920.83 Claim L321LA001341 Sandy cldd concerning what she believes to be an overpymt on clm# L321LA001341.....adv per review on cas- 1246324 the clm was orig pd at 90% & was adju to pay at the 100% level....adv her this clm pd 08/28/2013 then the funds recouped again on 09/25/2013....Sandy states she does not have an eob showing the fund were recouped again on 9/25/2013 & believes she has an overpymt on this clm.....adv her I would request for eob/neg bal report showing the funds were recouped & she only has one pymt from the new reprocessed clm# 13247LA81341 on 9/25/2013....pls review FAX# 682-503-2095 ATTN: Sandy....POB 106 West Plains, MO 65775	Still Researching Issue		55	P2
CAS-1346281-S0H1G9	10/8/2013	XXX	Open Air MRI of Miss Lou	Please review the retro approval.  Provider completed contract prior to go live date for their region. Application not processed due to being told they only need to contract with NIA.  Please Retro Effective date back to 2/1/2012.  See Attached approval from VP of Network Development and Contracting and attached spreadsheet for the provider involved.  Please route completed retro to the contracting queue for initiation of a claim project.	Louisiana Healthcare Connection Contracting Department approved retro participation date effective 2/1/2012	11/12/2013	36	C2

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CAS-1343166-L8Y7H3	10/8/2013	XXX	Tulane Medical Center	<p>clm status hipaa verified 03/12/2013 \$15,463.00 M082LAE01809 07/25/2013 den code 70544 for mr per amisys notes: RS M210LA007235 RR TO HCI PACLARK 08192013 plse advise an update on the mr</p>	Claim M082LAE01809 was reprocessed to pay CPT code 70544. Pleas allow 30-45 days for payment. If you have any further questions please contact Provider Services.	11/14/2013	38	C2
CAS-1346269-N1R5J6	10/8/2013	XXX	Open Air MRI Of Acadiana	<p>Please review the retro approval.</p> <p>Provider completed the contract prior to go live date for their region. Application not processed due to being told that they only needed to contract with NIA.</p> <p>Please Retro Effective date back to 4/1/2012.</p> <p>See Attached approval from VP of Network Development and Contracting.</p> <p>Please route completed retro to the contracting queue for initiation of a claim project</p>	Resolution: Louisiana Healthcare Connection Contracting Department approved retro participation date effective 4/1/2012 Open Air MRI Of Acadiana TIN:XXX	11/14/2013	38	C2
CAS-1346293-Z3D4F9	10/8/2013	XXX	Beaureagard Vernon MRI	<p>Please review the retro approval.</p> <p>Provider completed contract prior to go live date for their region. Application not processed due to being told they only need to contract with NIA.</p> <p>Please Retro Effective date back to 6/1/12.</p> <p>See Attached approval from VP of Network Development and Contracting and attached spreadsheet for the provider involved.</p> <p>Please route completed retro to the contracting queue for initiation of a claim project.</p>	Resolution: Louisiana Healthcare Connection Contracting Department approved retro participation date effective 6/1/2012 Beaureagard Vernon MRI TIN: 460514445	11/19/2013	43	C2
CAS-1344048-COL5N9	10/8/2013	XXX	Slidell Ear, Nose and Throat Associates	Claim # M198LA001484 denied with CPT Code 42830 and CPT Code 69436 for maximum allowed per DOS. Claim # M198LA001483, M198LA001481, M198LA001482 denied for duplicate claims. Please review timely filing approved please see attachment.	Still Researching Issue		54	P2
CAS-1350439-H6Y3N6	10/9/2013	XXX	Budi Sugeng	Please advise that provider appeal claim M221LAE01416 DOS 08/08/13 ACCORDING TO AMISYS IT STATES THAT " RS#M252LAP00021 SYSTEM PAID SL5 DENIAL UPHELD SL4 ALANG9/12/13" HOWEVER SL 5 CPT 90734 WAS NEVER PAID BY LHC IT ACTUALLY DEINED STATING THAT IMMUNIZATION ADMINISTRATION INCLUDED IN INJ FEE. LHC DIDN'T PAY ON SL 4 CPT 90471 WHICH IS THE ONLY OTHER INJECTION THAT WAS FILED WITH SL5, NO INJECTIONS WERE PAID BY LHC PLEASE ADJUST. THANKS. MM.	PROVIDER NEEDS TO RESUBMITT CORRECTED CLAIMS FOR EACH MEMBER/PROVIDER AGAIN WITH A W-9 ATTACHED SHOWIING THE CORRECT ADDRESS/LOCATION THAT IS LISTED UNDER NPI OR TIN#. PLEASE INSURE THAT ALL BOXES ON THE CLAIM FORM ARE COMPLETED.	11/13/2013	36	C2



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CAS-1351118-B1K0B7	10/10/2013	XXX	Amedisys DBA Metro Preferred Home Health	<p>02/09/2013 02/28/2013 \$198.55 M261LAP00486 den for org clm in pend status den for auth has exceeded the auth limits prv states also has a denial of claim is den for pending status M256LAP00363 M099LA001303 den for mod prv advised they resubmitted with the mod cc sub 09/05/2013 M099la001295</p>	Claim M261LAP00486 is a resubmitted claim to M099LA001295. It is in a paid status bc it now has the modifier that was needed. Please allow 30-45 days for payment. If you have any further questions please contact Provider Services.	11/11/2013	33	C2
CAS-1352111-Z5C2P3	10/10/2013	XXX	James Hales	<p>Name: Patrice NPI/TIN: 1144289810 Provider: James Hales PH#: 3373648500 Email Address: na Medicaid ID: 2304002967101 DOS: 9/24/2013 Billed Amt: 4400 Claim M271LAE01349 Patrice clld concerning clms being submitted w/o modifier but the modifier 26 added to the clm once is goes thru processing by the system....Patrice states this issues has been going on since 04/1/2012 &amp; they have reached out to their PR Rep &amp; have not gotten any help on this matter...Patrice has now 6 clms that are being processed incorrectly....she was adv to complete provider dispute form but requested for this clm to be sent back for review &amp; reprocessing &amp; is requesting someone to reach out to them concerning this matter.</p>	LHC is working diligently to remove the HCI edit that has added the modifier 26 to the procedure billed, resulting in the provider being paid only for the professional component of this service. Once this has been completed, a claims project will be created to adjust all claims that were denied incorrectly.	11/15/2013	37	C2
CAS-1349382-Z7P1W0	10/10/2013	XXX	Professional Anesthesia Consultants LLP	<p>Name: Stephanie NPI/TIN: XXX Provider: Megan Miller PH#: (318) 448-4440 Email Address: na Medicaid ID: XXX DOS: 08/10/2013 Billed Amt: 525 Claim M234LAE01105 Stepanie clld concerning clm denying for EX46.....verified cpt code 00400 does not require Auth....Stephanie states they have multiple clms that are denying with different cpt codes for EX46 &amp; wanted to know if there was an system error.</p>	Still Researching Issue		52	P2
CAS-1354579-M9G7Q6	10/10/2013	XXX	Bryan G Sibley MD APMC	<p>Provider emailed Director of PR with several claim numbers. Claim# M252LAE01573 for provider Deavon Peterson hasn't paid, and provider alleges that it should have been included in claims project.</p>	Still Researching Issue		52	P2
CAS-1356960-G1N3Z7	10/11/2013	XXX	Medical Imaging Associates Of Louisiana	<p>provider stated claim M274LAE00645 denied CPT Code G0202 due to non covered service, per La medicaid Out Patient Hospital fee schedule cpt code is a payable code. Please document resolution as it is being track on on the provider complaint log and we are required by DHH to send a resolution letter. Please route the closed case to my Indi dual queue for tracking purposes. The case will be closed once it is logged.</p>	Louisiana Department of Health and Hospitals (DHH) have identified an System error on the La medicaid Out Patient Hospital fee schedule that denied CPT Code G0202 due to non covered service, when billing with a place of service 21 or 22. Once confirmation is received from DHH, LHC will review all claims billed will be reprocess. If you have any question please contact Provider Services Department.	11/15/2013	36	C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1355285-K7S4C8	10/11/2013	XXX	Lakeview Regional Medical Center	<p>clm M238LAE03066 denied for med records . prov states that the records are being submitted but the clms are now being denied for unlisted proc code . prov needs to knwo what is the fee schedule being used for these clms . the prov is on a project. per Anissa M. this prov needs to be called back directly at 713-448-2298. Lorna. pls do not call the facility .</p> <p>thank you ms</p>	Claim M238LAE03066 have been resubmitted for Review, In order to Process this Claim, Louisiana Health Connection are requesting Medical Records. If you have any questions, Please contact Provider Service Department.	11/21/2013	42	C2
CAS-1357957-S0Y0Z7	10/11/2013	XXX	Sheyenne Carper	<p>1932310687</p> <p>4353016761632</p> <p>plse forwarded to the recovery/recoupment dept</p> <p>asked about the ivr/portal prv did not want to leave advise of timely filing hipaa verified overpayment inquiry 04/08/2013 \$248.00 prv states they were overpaid on the claim and would like to request a recoupment to be done M102LAE00602 pd on 04/24/2013 for \$63.65 covered the 99391 and then the prv states cc was submitted and they were pd again on 99391 on this clm M242LAE09555 for the 99391</p>	Claim Number M102LAE00602 have been recoupd in the amount of \$63.65. If you have any questions, Please contact the Provider Service Department.	11/22/2013	43	C2
CAS-1361647-G7T2V4	10/14/2013	XXX	Gupta And Gupta	<p>Provider called due to voided claim; Advised provider to resubmit claim along with w9 - Provider stated she has already mailed, fax w9 and the problem still exist. Provider stated she has tried to contact her pr rep Karen Lee but has not been successful. Provider has 7 claims for this member ; DOS-3/21/2013; 3/18/2013; 9/20/2013. PROVIDER REQUESTING HER PR REP TO REACH OUT TO HER</p>	LHC made serial attempts to the Provider, No Information was obtain to provide Outreach. Sushma Gupta by specialty is an allergist (allergy/immunology), the claim presented M263LAE03492 is a claim for refracting/vision services. The Provider will have to Contact LHC for Claim Processing information. If any Questions, Please Contact Provider Services Department.	11/14/2013	32	C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1361031-T8C9M6	10/14/2013	Terry	LSU Healthcare Network	<p>1679564264</p> <p>5304004529601</p> <p>asked about the ivr/portal prv did not have email advised of timely clm status hipaa verified 12/11/2012 \$162.00 L354LAE03632 pd \$60.45 chk 73209 bulk \$230.82 lollicamp pob 62600 dept 1537 new orleans, la 70162 2600 prv states this was the correct address</p> <p>the check went to this address po box 2710 slidell, la 70459</p>	Still Researching Issue		48	P2
CAS-1362885-B0G3M1	10/15/2013	XXX	Wendy Petrus SLP	<p>prv states they have not received this payment and it has not cled. plse review and do a stop pay reissuance on this also forward the 2nd claim for review. advised of timely 09/03/2013 clms for a mbr have not been paid clm status hipaa verified 09/03/2013 \$120.00 M247LAE04199 pd \$48.31 chk 119649 bulk \$943.75</p>	Check #1196949 has been reissued, please allow 30-45 days. If you have any further questions, please contact Provider Services.	11/14/2013	31	C2
CAS-1362796-R5S3B5	10/15/2013	XXX	LSU Health Shreveport	<p>clm M189LA003510 was paid but denied a line for med records which were snet and recv'd . this was sent for review on 07/12/2013. pls review and advse thank you ms no email AMBER CB# 3186369905 NPI# 1760486609 DOS 05/20/2013 FOR 1132.00 MEM# XXX</p>	Provider need to resubmit a Corrected Claim with the correct claim number with Attached Medical Records. The Claim number that was on file were for a different member. A corrected claim needs to be resubmitted with EOP. A corrected claim can be submitted by writing corrected claim on top of the new claim and attaching the original claim or original EOP. You can mail corrected claims to Louisiana Healthcare Connections:	11/15/2013	32	C2
CAS-1365258-K1J2P5	10/15/2013	XXX	Interim Healthcare of Southeast LA, Inc	<p>Provider received reject letter stating "Admission type, source and/or patient status codes missing or invalid.". Provider has several dates of service that she received the reject letter for: 8/12/2013 thru 8/15/2013; 9/17/2013; 8/19 thru 8/22/2013; 8/26/2013 thru 8/29/2013; 9/3 thru 9/5/2013; 9/10/2013; and 9/23/2013 PROVIDER REQUESTING FOR HER PR REP TO ASSIST HER .</p>	Still Researching Issue		47	P2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1362413-W5H7X5	10/15/2013	XXX	St Tammany Parish Hosp IP	<p>Provider strongly disputing denial of SL6 PC J0696 EX46, service not covered. Provider states PC J0696 is on the fee schedule and should be payable, would appreciate another review of this claim again for payment thank you.</p> <p>M211LAE04822</p>	Still Researching Issue		47	P2
CAS-1368718-C0P3R0	10/16/2013	XXX	Millenium Laboratories Inc	<p>Advised Sherry claim was split into 4 different calims (L240LA010130 L240LA010129 L240LA010128-above) all claims denied as PLP not met.Advised claim is pass timely filing; Advised of timely filing timeframe; Provider requesting for pr rep to reach out to her to provide more info on what "PLP" means and how can they avoid this type of denial.</p>	Still Researching Issue		46	P2
CAS-1371932-C5H4N2	10/17/2013	XXX	Oak Grove Family Practice	<p>CLM M226LAE05204 PAID BUT DENIED LINE 2 AS BILL WITH A SPECIFIC VACCINE CODE . PROV STATES THE CODE IS THE PROC CODE LINE 3 ,,,86580 PLS REVIEW AND ADVIS OR ADJUST THANK YOU MS NO EMIAL</p> <p>KURT CB# 8474951704 NPI# 1881864171 DOS 07/23/2013 FOR 258.00 MEM# XXX</p>	<p>Claim M226LAE05204 DOS 07/23/2013, denied EXCV, Bill with Specific Vaccine Code. Please resubmit a Corrected Claim with the appropriate CPT Code to support the DOS. A corrected claim can be submitted by writing corrected claim on top of the new claim and attaching the original claim or original EOP.</p>	11/20/2013	35	C2
CAS-1370630-B7M1W7	10/17/2013	XXX	Hood Memorial Hospital	<p>prv was calling about a recoupment 08/21/2012 \$300.00 follow up call cas-1291013 prv states they sent it to the primary ins and the prof fee was recouped but the facility charges were never recouped as requested...plse advise what was recouped and if the recoupment was done for the facility charges.</p> <p>L257LAE01027+F63</p>	<p>Claim # L257LAE01027 was recouped 9/19/12 in the amount of \$300.00 due to Overpayment. If you have any questions, Please contact Provider Services.</p>	11/25/2013	40	C2
CAS-1378247-B6V3Q5	10/18/2013	XXX	Northern Louisiana Medical Center	<p>DONNA CB# 8885582155 NPI# 1285765107 DOS 03/14/2013 FOR 8992.55 MEM# XXX trckng# 70121640000080080780 signed for on 09/03/2013</p>	<p>Resolution: Northern Louisiana Medical Center, TIN XXX, upon further research it was determined that we will need to review your medical records to reconsider your claim issue for claim#M078LAE00982, member XXX, She'maria T. Fields for dos 3/14/2013 . Please submit medical records with a completed claim form to the address below. Failure to mark the claim with the original claim number (or include the EOP) may result in the claim being denied as a duplicate, a delay in the reprocessing, or denial for exceeding the timely filing limit. Please write on your claim form “APPEAL” and case "CAS-1378247-B6V3Q5.</p>	11/21/2013	35	C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1375766-S6X5W1	10/18/2013	Latifah	Thibodaux Regional Medical Center	1275553539  2904004264601  asked about the ivr/portal prv did not want to leave email advised of timely clm status hipaa verified prv states received rej letter 09/03/2012 09/04/2012 \$2,186.90 M266LAP01620 advised of the process to resubmit the claim and prv has advised they did resubmit the claim after checking the CPT codes to verify they were correct but when they did the claim still rejected. pls assist this provider to find out what may be transpiring to still make the claim reject. this was from a rejection letter so we don't have it on file.	Still Researching Issue			44P2
CAS-1379572-W4H3X6	10/21/2013	XXX	The Foot Clinic	CLM M276LAE05427 DNEIED AS NON COVERED . PROV STATES THIS IS A COVERED SERVICE . PLS REVIEW AND ADVIISE THANK YOU MS NO EMAIL PAULA CB# 6092962525 NPI# 1215922497 DOS 09/30/2013 FOR 480.00 MEM# 5924342591041	Still Researching Issue			41P2
CAS-1380750-N7Z5M8	10/22/2013	XXX	Beauregard Emergency Group Llc	Provider Rep Name: Sean 8772409487 1055 Provider Email: N/A Provider NPI/TIN: XXX Medicaid ID No.: XXX DOS: Claim No.: 8/31/12 417.00 L265LAE02093 Paid \$51.96 Notes: Provider refunded \$53.79 with their check 1127325 dated 10/7/13, provider requesting refund as payment was recouped by LHCC. Original payment was sent w/ LHCC check #050000055603 pymt \$53.79, with LHCC check #050000119599 LHCC recouped 53.79/paid 53.79, zero balance. Provider would appreciate repayment of refund ASAP	The rcoupment was reversed 11/19/13 and LHC will reissue the payment back to the provider on the next check run with EX code ZA. The refund will then be posted. If you have any questions, please contact Provider Service Department.	11/20/2013		30C2
CAS-1385023-G8W3D5	10/22/2013	XXX	LSU Health Science Center	Provider Rep Name: Jody 3186757522 Provider Email: On file Provider NPI/TIN: XXX Medicaid ID No.: XXX DOS: Claim No.: 9/17/13 80.63 M267LAE06874 Notes: Claim denied EX10 the diagnosis is inconsistent w/the patient's sex. Provider strongly disagrees w/denial this is a male,note LA Medicaid & LHCC records indicate this is a male. Provider would appreciate another review of this claim for payment,	Claim M267LAE06874 has been reprocessed for Ajudication, please allow 30-45 days for payment.	11/21/2013		31C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1384449-K9H9Z7	10/22/2013	XXX	Morehouse General Hospital	DOS/Claim No.: 9/12/12 \$1278.59 M262LAE02874 Notes: ADJ MADE PER RS#M275LAE01373. PROVIDER REMOVED SERVICE LINES. AHUTCHISON 10112013 Provider states adjustment is incorrect still paid @ Type 131 rate not as corrected Type 137. Provider would appreciate another review of this claim for further payment, thank you.	Still Researching Issue		40	P2
CAS-1387984-Q9D5R2	10/22/2013	XXX	Baton Rouge General Medical Center	provider has a complaint about not receiving a letter stating she was past timely filing on claim number L311LAE00684. Previous case number involving this claims was CAS-1338998. the case was resolved by Rebecca Dixon, who in the notes states caller was aware she was past timely. However provvider was told she would receive a letter stating so. there is no document or acknowledgment of compplant. Calliers name is Bridgette.	Still Researching Issue		40	P2
CAS-1388514-T0M1F7	10/23/2013	XXX	Allstar Medical Equipment	Amanda requests review for claims M278LAE01127 dos 6/25/2013, M278LAE01127 dos 7/25/2013, M278LAE01127 dos 8/25/2013, and M283LAE02079 dos 9/25/2013. Amanda states she was told that auth was not required for procedure code K0003. All these claims are for member XXX	Still Researching Issue		39	P2
CAS-1412529-T6S7S0	10/30/2013	XXX	Iberia Pediatrics	09/10/2013 \$205.00 M297LAE05640 den for EOB does not match prv is needing a PRR to assist with her claims which are 100+ that are secondary and she needs this done as a project because they are being rejected for EOB not matching. they have already tried to submit the claims but the issue is still happening akiko barrow prv states they did try to plse also have shelton evans receive this information because the prv really needs help with this./	Still Researching Issue		32	P2
CAS-1409013-M5V4C3	10/30/2013	XXX	Soileau's Vital Care	09/21/2013 09/25/2013 \$10,293.77 pd \$2109.41 j0878 for 900 units only \$403.20 \$.44 a milligram and should have been \$0.64 a milligram j1335 billed 10 milligrams only pd \$44.16 4.41 a unit and should have paid \$31.54 for 500 milligrams and that should have been a unit and prv states should have been 2 units a day prv states on the j0878 there is no maximum M285LAE01368	Still Researching Issue		32	P2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1419073-M0J1J5	11/1/2013	XXX	Ochsner Medical Center North Shore	DOS:04/19/2013 - 04/20/2013 Billed Amt:\$15,368.75 Claim #/Rescan # (if applicable):M116LAE00260 Previous Case # (if applicable):cas-1215814 clm status denial mbr did fax clinicals on 04/22/2013 for observation and on 04/24/2013 LHC was approved auth #OP0095156659 prv was advised: advised of den L1-L - L23 den for no auth l3 q9967 den for non covered servc did advise would forward back for review advised to allow 30 days for rev and may get updated EOB or remit	Still Researching Issue			30P2
CAS-1416904-R6F7L5	11/1/2013	XXX	Southern Emergency Consultants LLC	DOS 06/28/2012 FOR 797.00 MEM# XXX clm L198LAE00201 WAS DENIED .CLM WAS PAID AND THEN RECOUPED . PROV NEVER RECV'D THE CHECK 42694 CLM WAS RECOUPED FROM CHECK 108499 PLS REVIEW THIS CLM AND ADVISE THANK YOU MS SYREETA	Still Researching Issue			30P2
CAS-1418616-H8S9F1	11/1/2013	XXX	Eunice Emergency Group, L.L.C.	DOS: Claim No.: 4/21/12 932.00 L136LAE04578 Notes: Per Amisys remarks "LA-2012-213-6275052 CHK 34782 AMT 1494.46 VOID CHECK REQUEST SENT TO FINANCE VOID 0M PLEASE DO NOT ADJUST UNTIL ADDRESS UPDATED KFERDA 081112." According to provider rep the address currently on Amisys is correct, provider has not received payment for the adjustment of this claim allowed amt due \$171.20.	Still Researching Issue			30P2
This report was based on LA Healthcare Connections’ understanding of the current report specifications provided by DHH.								
The report programming is still under review, thus any changes may result in resubmission of the report.								
This report should not be used for comparative purposes until all reporting format and specifications have been finalized.								

**PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed**

<b>Health Plan Name:</b> <b>Reporting Period:</b>	<b>Louisiana Healthcare Connections</b> 11/1/2013 - 11/30/2013	<b>Status Category Codes</b>				
		<b>Pending</b>		<b>Closed</b>		
		P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P5-Other		C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C5-Other		
<b>Date Filed</b> (YYYYMMDD)	<b>Name of Person Filing Appeal</b>	<b>Organization</b>	<b>Summary of Complaint</b>	<b>Date Closed</b> (YYYYMMDD)	<b># of Days Pending or to Close</b>	<b>Status Category</b>

\*\*There were no Appeals pending or closed older than 30 days in the current reporting month.

This report was based on LA Healthcare Connections’ understanding of the current report specifications provided by DHH.  
 The report programming is still under review, thus any changes may result in resubmission of the report.  
 This report should not be used for comparative purposes until all reporting format and specifications have been finalized.